

**KINSHIP CARE PAYMENT TERMINATION NOTICE**

TO: \_\_\_\_\_  
Name - Child Support Agency

FROM: \_\_\_\_\_  
Name - Child Welfare Agency

This notice is to inform you that effective \_\_\_\_\_, the child(ren) named below is / are no longer  
(mm / dd / yyyy)  
receiving a Kinship Care payment.

**I CHILD(REN) INFORMATION**

Name (Last, First, MI)	Birthdate (mm / dd / yyyy)	Social Security Number

**II REASON(S) PAYMENT(S) TERMINATED**

- |  |   |
|--|---|
| <input type="checkbox"/> No need for living arrangement                      | <input type="checkbox"/> Child turned 18 years of age                                       |
| <input type="checkbox"/> No probability for court jurisdiction               | <input type="checkbox"/> Child deceased   |
| <input type="checkbox"/> Child no longer living in relative caregiver's home | <input type="checkbox"/> Relative caregiver failed criminal background check                |
| <input type="checkbox"/> Child receiving SSI                                 | <input type="checkbox"/> Other household member failed criminal background check            |
| <input type="checkbox"/> Not in child's best interest                        | <input type="checkbox"/> Relative caregiver voluntarily closed case                         |
| <input type="checkbox"/> Relative caregiver refused to cooperate with agency | <input type="checkbox"/> Child's parent(s) living with child                                |
|  | <input type="checkbox"/> Other - Check if none of the other primary reasons are appropriate |

**III PARENT INFORMATION**

**Father** A separate form must be used for children with different fathers.

Name (Last, First, MI)		Birthdate (mm / dd / yyyy)		Social Security Number
Street Address	City	State	Zip Code	Telephone Number - Home

**Mother** A separate form must be used for children with different mothers.

Name (Last, First, MI)		Birthdate (mm / dd / yyyy)		Social Security Number
Street Address	City	State	Zip Code	Telephone Number - Home

**IV CHILD(REN) RESIDENCE**

Child(ren) currently reside(s) with: ☐ Mother ☐ Father ☐ Both ☐ Unknown ☐ Other

If "Other", provide the information requested below (if known).

Name (Last, First, MI)		Birthdate (mm / dd / yyyy)		Social Security Number
Street Address	City	State	Zip Code	Telephone Number - Home
Relationship to Child(ren)				

NOTE: Do not send this form to the Department of Health and Family Services. It should be sent to the local child support agency.